

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Kila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140

County Registrar No. 741

Local Registrar No. \_\_\_\_\_

No. 1209 Bird St. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Sefuentes (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 14, 1926 Month Day Year

8. FATHER Full name Juan Sefuentes

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Mex 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Zacatecas (State or country) Mex.

13. Occupation Nature of industry Miner

14. MOTHER Full maiden name Rafaela Villalobos

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Mex 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Chihuahua (State or country) Mex.

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 3 P. m. on the date above stated (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Lynil M. Brown M.D. (Physician or midwife) Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed Aug 3, 1926 Local Registrar. \_\_\_\_\_

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

100-714-952